### Attachment A General Instructions:

Each State must provide the information indicated below on its TANF program regardless of the funding source -- i.e., no matter whether the State used segregated Federal TANF funds, segregated State TANF funds, or commingled funds to pay for the benefit or service.

If the State elects to report on other benefits or activities provided through other program funding streams, please mention it after the TANF-funded benefits or activities for each item.

#### 1. The State's definition of each work activity.

TANF regulations at 45 CFR 261.30 sets forth the 12 categories of work activities listed in Section 407(d) of the Social Security Act for purposes of determining the State's required minimum work participation rate(s). The TANF regulations at 45 CFR 261.2 provides the relevant definitions of the 12 work activities. Therefore, please indicate the activities that fall within each category or work activity. Our State's countable work activities are defined in Section II. of our Work Verification Plan and Section V. of our State Plan.

### 2. A description of the transitional services provided to families no longer receiving assistance due to employment.

Indicate the kinds of help provided to working families that received, but no longer receive, "assistance" as defined in 45 CFR 260.31. Illinois does not have a financial transitional assistance program. When a family loses TANF assistance, they may qualify for supportive services within the three months after they last received TANF assistance if assistance was canceled due to employment.

# 3. A description of how a State will reduce the amount of assistance payable to a family when an individual refuses to engage in work without good cause pursuant to 45 CFR 261.14 of this chapter.

When a TANF adult refuses to engage in work without good cause, the family is ineligible for TANF assistance. For an applicant who refuses, TANF assistance is denied. For a recipient, the entire TANF assistance is stopped. When a TANF adult agrees to cooperate with the work requirement and then fails to do so without good cause, a sanction is imposed on the TANF case. Sanctions are imposed at 3 levels, beginning with a level one sanction. The level of a new sanction is the level after the previous imposed sanction. The amount and length of the cash benefit reduction is based on the sanction level. The reduction at each level is: • Level 1 - The cash benefit is reduced by 50% of the family's Payment Level. Benefits are restored as soon as the client cooperates. If the client does not cooperate within 3 months, despite continued case management, the entire cash benefit stops for the 4th month. • Level 2 - The cash benefit is reduced by 50% of the family's Payment Level for 3 months. Benefits are restored for the 4th month if the client cooperates before then. If the client does not cooperate within 3 months, despite continued case management, the entire cash benefit stops

for the 4th month. • Level 3 - The entire cash benefit is stopped for at least 3 months. If the client cooperates within 3 months, cash benefits are restored for the 4th month. If the client does not cooperate, the sanction continues.

- 4. The average monthly number of payments for child care services made by the State through the use of disregards, by the following types of child care providers:
  - i. Licensed/regulated in-home child care: 0
  - ii. Licensed/regulated family child care: 0
  - iii. Licensed/regulated group home child care: 0
  - iv. Licensed/regulated center-based child care: 0
- v. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a non-relative: 0
- vi. Legally operating (i.e., no license category available in State or locality) in-home child care provided by a relative: 0
- vii. Legally operating (i.e., no license category available in State or locality) family child care provided by a non-relative: 0
- viii. Legally operating (i.e., no license category available in State or locality) family child care provided by a relative: 0
- ix. Legally operating (i.e., no license category available in State or locality) group child care provided by a non-relative: 0
- x. Legally operating (i.e., no license category available in State or locality) group child care provided by a relative: 0
- xi. Legally operated (i.e., no license category available in State or locality) center-based child care. 0
- 5. If the State has adopted the Family Violence Option and wants Federal recognition of its good cause domestic violence waivers under 45 CFR 260.50-58, then provide (a) a description of the strategies and procedures in place to ensure that victims of domestic violence receive appropriate alternative services and (b) an aggregate figure for the total number of good cause domestic waivers granted.

The total number of federally recognized good cause domestic violence waivers granted equals the number actually granted during the fiscal year of this report plus any granted in a prior fiscal year that are still in effect during the fiscal year of this report. We have adopted the Family Violence Option. A TANF person is screened for a potential domestic or sexual violence problem during the Intake Assessment, during case review, before making a referral for child support enforcement or paternity establishment, and whenever staff suspect a person may have a domestic or sexual violence problem. When a need for such services is identified, the person is referred to a Family Violence program. Benefits are not denied or sanctioned if they do not accept or follow through with the referral. If a person is experiencing a domestic or sexual violence crisis such that it is hard for them to participate in work and training activities for 30 hours per week, or if it is

determined it is unsafe for them to participate in work and training activities, they are given a Family Violence Exclusion. A person who qualifies for a Family Violence Exclusion is not required to participate in work and training activities. A month of TANF received while they have a Family Violence Exclusion does not count toward the TANF 60-month limit. For the report period, we granted 123 Domestic Violence Exclusions.

- 6. A description of any nonrecurrent, short-term benefits (as defined in 45 CFR 260.31(b)(1)) provided, including:
- i. The eligibility criteria associated with such benefits, including any restrictions on the amount, duration, or frequency of payments;
- <u>ii. Any policies that limit such payments to families that are eligible for TANF assistance or that have the effect of delaying or suspending a family's eligibility for assistance;</u>

iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about. referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work. iii. Any procedures or activities developed under the TANF program to ensure that individuals diverted from assistance receive information about. referrals to, or access to other program benefits (such as Medicaid and food stamps) that might help them make the transition from welfare to work. Nonrecurring, short-term benefits that were provided: 1. Obesity prevention and summer safety program in connection with the Summer Food Service Program (SFSP) to enhance services provided to low-income families. Benefits facilitated increased participation in the SFSP, meeting the increased need for food assistance during the summer months when children are out of school. The USDA standard for "area eligibility" was adopted: eligibility was limited to children in areas where 50% or more of the students are eligible for free or reduced price lunch. 2. DHS worked with the Illinois College of Optometry Illinois Eye (IEI) Institute to provide eye exams. eyeglass prescriptions, low-vision devices, advanced eye surgery and eyeglass fittings to low-income families. In partnership with Chicago Public Schools and local Federally Qualified Health Centers, IEI provided services that are not Medicaid-reimbursable. Families with income under 200% FPL including custodial and non-custodial parents of minor children, or children living with parents or caretaker relatives were eligible for the program. 3. DHS partnered with an immigrant advocacy organization for the TANF New Americans Initiative to provide a one-time grant to cover the naturalization fee for TANF-eligible Lawful Permanent Residents (LPRs). Families with income under 200% FPL including custodial and non-custodial parents of minor children, or children living with parents or caretaker relatives were eligible for the program. 4. DHS partnered with a non-profit agency to provide shoes, socks, and underwear for children as they returned to school. Families with children with income below 200% FPL qualified for the program. 5. DHS partnered with the Legal Assistance Foundation to provide short term assistance to clients seeking Supplemental Security Income (SSI). Families with income under 200% FPL including custodial and noncustodial parents of minor children, or children living with parents or caretaker relatives were eligible for the program. 6. DHS also partnered with Feeding Illinois to provide increased food assistance to families in need, via the state's network of food pantries. Families with income under 200% FPL including custodial and non-custodial parents of minor children, or children living with parents or caretaker relatives were eligible for the program.

- 7. A description of the grievance procedures the State has established and is maintaining to resolve displacement complaints, pursuant to section 407(f)(3) of the Social Security Act. This description must include the name of the State agency with the lead responsibility for administering this provision and explanations of how the State has notified the public about these procedures and how an individual can register a complaint.

  Our Anti-Displacement and Grievance procedures are outlined in Section G of our TANF State Plan.
- 8. A summary of State programs and activities directed at the third and fourth statutory purposes of TANF (as specified at 45 CFR 260.20(c) and (d) of this chapter).
- a. Summarize below, the State programs and activities directed at preventing and reducing the incidence of out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies (TANF purpose 3):

Our teen pregnancy prevention strategies and programs are outlined in Section XI of our TANF State Plan.

b. Summarize below, the State programs and activities directed at encouraging the formation and maintenance of two-parent families (TANF purpose 4):

The promotion of healthy marriages and healthy relationships is one of the goals of the TANF program. Illinois supports the formation and maintenance of healthy marriages. As a component of the responsibility and services plan, appropriate adult members of the family may be referred to IDHS's and community-based organizations' workshops geared toward the promotion of healthy relationships and co-parenting skills.

9. An estimate of the total number of individuals who have participated in subsidized employment under §261.30(b) or (c) of this chapter. 35,716

#### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

#### 1. Name of Benefit or Service Program:

TANF Cash Assistance

2. Description of the Major Program Benefits, Services, and Activities: Cash assistance is provided on a monthly basis for basic maintenance needs.

#### 3. Purpose(s) of Benefit or Service Program:

Clients are paid with MOE Funds rather than Federal funds so that the 60 month federal clock may be stopped for the following reasons: 1) 30 work hours per week; 2) in full-time college degree program with cumulative GPA of 2.5 (on 4 point scale); 3) care for disabled child or spouse; 4) granted a family violence option waiver; 5) person in experimental group of the Employment Retention & Advancement (ERA) project has 20 work hours and 10 training hours per week; 6) family with disabled child who has a Home and Community Based Care Waiver. 260.20(a)&(b) MOE funds are used to pay child-only grants. MOE funds are also used to continue assistance when a client has used up their 60 months and qualifies for an exception to the time limit.

#### 4. Program Type. (Check one)

TANF ○ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$72,500,471
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$34,985,818
- 8. Total Number of Families Served under the Program with MOE Funds: 14,686

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Meet financial eligibility requirements for TANF cash assistance (State Plan H and I), have a child, meet the criteria in #3 above [Purpose(s) of Benefit or Service Program], as well as all general TANF requirements.

<u>10. P</u>	<u>rior Program</u>	<u> Authorizatior</u>	<u>ı: Was this</u>	program	authorized	and a	<u>allowable</u>
unde	er prior law?	(Check one)					

Yes ○ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

### Attachment B Supportive Services For TANF Cash Clients Grantee Information

State ILLINOIS Fiscal Year 2010

#### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Supportive Services for TANF Cash Clients

- 2. Description of the Major Program Benefits, Services, and Activities:
  Supportive services such as transportation, initial employment expenses, expenses for help with education or finding employment, job clubs, job skills, job training to help clients in educational or work activities to find or keep work.
- 3. Purpose(s) of Benefit or Service Program: Helps clients become self-sufficient 260.20 (a)&(b).
- 4. Program Type. (Check one)
- <u>5. Description of Work Activities (Complete only if this program is a separate State program):</u>

N/A

6. Total State Expenditures for the Program for the Fiscal

Year: \$233,052,265

7. Total State MOE Expenditures under the Program for the Fiscal

**Year:** \$49,866,865

8. Total Number of Families Served under the Program with MOE Funds: 56,615

This last figure represents (Check one):

- The average monthly total for the fiscal year. The total served over the fiscal year.
- 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Clients must be below 200% of the federal poverty level.

- 10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)
- 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

### Attachment B Child Care Grantee Information

State ILLINOIS	Fiscal Year 2010

#### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

#### 1. Name of Benefit or Service Program:

Child Care

#### 2. Description of the Major Program Benefits, Services, and Activities:

Provides child care payments in legal child care arrangements to allow caretaker relatives to work. Provides child care for TANF cash recipients to participate in approved education or training programs that prepare them for work.

#### 3. Purpose(s) of Benefit or Service Program:

These clients are working or preparing for work, therefore moving towards self-sufficiency. 260.20(b)

#### 4. Program Type. (Check one)

### 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

#### 6. Total State Expenditures for the Program for the Fiscal

**Year:** \$485,198,197

#### 7. Total State MOE Expenditures under the Program for the Fiscal

**Year:** \$354,973,017

#### 8. Total Number of Families Served under the Program with MOE

Funds: 44,642

This last figure represents (Check one):
The average monthly total for the fiscal year. ○ The total served over the
fiscal year.
9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits
or Services:
Family income below 200% of the federal poverty level.
10. Prior Program Authorization: Was this program authorized and allowable
under prior law? (Check one)
C Yes
11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response
on question 10 is No): 🗓 💲

# Attachment B Youth Programs Through The State Board Of Education Grantee Information

State ILLINOIS	Fiscal Year 2010

### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

#### 1. Name of Benefit or Service Program:

Youth Programs through the State Board of Education

2. Description of the Major Program Benefits, Services, and Activities: Early Childhood, Free and Reduced Lunch, and Summer Bridges programs.

#### 3. Purpose(s) of Benefit or Service Program:

The program improves the children's educational performance with long range outcomes of better jobs and reduced teen pregnancies.

#### 4. Program Type. (Check one)

**⊙** TANF ○ State

5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal

Year: \$139,581,508

7. Total State MOE Expenditures under the Program for the Fiscal

Year: \$53,542,423

8. Total Number of Families Served under the Program with MOE

Funds: 271,066

This last figure represents (Check one):

○ The average monthly total for the fiscal year.
9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits
or Services:
Client must be below 200% of the Federal Poverty Level.
10. Prior Program Authorization: Was this program authorized and allowable
under prior law? (Check one)
○ Yes    No
11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response
on question 10 is No): 🗓 💲

### Attachment B Homeless Services Grantee Information

State ILLINOIS	Fiscal Year 2010

#### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

#### 1. Name of Benefit or Service Program:

**Homeless Services** 

#### 2. Description of the Major Program Benefits, Services, and Activities:

Provides funding for meals, shelter, and supportive and prevention services to non-profit organizations that serve homeless families and families at risk of becoming homeless, including overnight shelters, transitional shelters, and emergency shelters.

#### 3. Purpose(s) of Benefit or Service Program:

Helps keep families together by providing temporary shelter to families and providing services to help them move to more stable housing. '260.20(c)&(d)

#### 4. Program Type. (Check one)

- TANF State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal Year: \$3,192,862

7. Total State MOE Expenditures under the Program for the Fiscal
<u>Year:</u> \$3,192,862
8. Total Number of Families Served under the Program with MOE
<u>Funds:</u> 8,061
This last figure represents (Check one):
○ The average monthly total for the fiscal year.
fiscal year.
9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits
or Services:
Must be families in need of shelter and below 200% of the Federal Poverty
Level.
10. Prior Program Authorization: Was this program authorized and allowable
under prior law? (Check one)
⊙ Yes ○ No
11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response
on question 10 is No): \$0

### Attachment B The Children's Place Contract Grantee Information

State ILLINOIS	Fiscal Year 2010

#### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1.	Name	of	<b>Benefit</b>	or S	Service	<b>Prog</b>	ram:
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The Children's Place Contract

2. Description of the Major Program Benefits, Services, and Activities:

Provides a multitude of social services to families which contain children infected with HIV.

3. Purpose(s) of Benefit or Service Program:

Allow children infected with HIV to remain in the home by the provision of necessary services to the family '260.20(a)&(b).

- 4. Program Type. (Check one)
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$652,518
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$652,518
- 8. Total Number of Families Served under the Program with MOE Funds: 200

This last figure represents (Check one):

#### fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Family must be below 200% of the Poverty Level.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): 1 \$0

### Attachment B Medical Services Grantee Information

State ILLINOIS	Fiscal Year 2010

#### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

Medical Services

2. Description of the Major Program Benefits, Services, and Activities:

- Medical assistance for families under 200% FPL that are not covered by Title XIX or XXI, as an essential support to help them become self-sufficient.
- 3. Purpose(s) of Benefit or Service Program:
  Helps families move towards self-sufficiency. '260.20(a)&(b)
- 4. Program Type. (Check one)
- **⊙** TANF State
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

6. Total State Expenditures for the Program for the Fiscal

**Year:** \$15,383,226,179

7. Total State MOE Expenditures under the Program for the Fiscal

**Year:** \$21,367,984

8. Total Number of Families Served under the Program with MOE Funds: 45,473

This last figure represents (Check one):

The average monthly total for the fiscal year. 
 ○ The total served over the

#### fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Must meet certain eligibility guidelines, depending on the particular program the family is under, below 200% of the Federal Poverty Level. These are medical services funded entirely with State funds as the recipients do not meet all Federal requirements under Titles XIX and XXI.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): 

\$\frac{10}{4} \ \\$0\$

### Attachment B Crisis Nursery Grantee Information

State ILLINOIS	Fiscal Year 2010

#### **Program Information**

Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions.

1. Name of Benefit or Service Program:

**Crisis Nursery** 

2. Description of the Major Program Benefits, Services, and Activities:

This provides emergency shelter for children that are notential victims.

This provides emergency shelter for children that are potential victims of domestic violence.

3. Purpose(s) of Benefit or Service Program:

Keeps caretaker and children together in times of crisis. 260.20(a)

- 4. Program Type. (Check one)
- 5. Description of Work Activities (Complete only if this program is a separate State program):

N/A

- 6. Total State Expenditures for the Program for the Fiscal Year: \$470,998
- 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$470,998
- 8. Total Number of Families Served under the Program with MOE Funds: 414

This last figure represents (Check one):

### 9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits or Services:

Client must be below 200% of the Poverty Level.

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

○ Yes • No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): 

\$\frac{10}{4} \ \\$0\$

## Attachment B TANF Administrative Costs Grantee Information

State ILLINOIS	Fiscal Year 2010

**Program Information** Provide the following information for EACH PROGRAM (according to the nature of the benefit or service provided) for which the State claims MOE expenditures. Complete and submit this report in accordance with the attached instructions. 1. Name of Benefit or Service Program: **TANF Administrative Costs** 2. Description of the Major Program Benefits, Services, and Activities: TANE Administrative Costs 3. Purpose(s) of Benefit or Service Program: TANF Administrative Costs 4. Program Type. (Check one) TANF ○ State 5. Description of Work Activities (Complete only if this program is a separate State program): **TANF Administrative Costs** 6. Total State Expenditures for the Program for the Fiscal Year: \$35,427,537 7. Total State MOE Expenditures under the Program for the Fiscal Year: \$11,257,623 8. Total Number of Families Served under the Program with MOE Funds: 1 This last figure represents (Check one): The average monthly total for the fiscal year. The total served over the fiscal year.

9. Financial Eligibility Criteria for Receiving MOE-funded Program Benefits

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r S	rv	11	20	0	

N/A

10. Prior Program Authorization: Was this program authorized and allowable under prior law? (Check one)

Yes ○ No

11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No): \$0

# Certification Certify:

This certifies that all families for which the State claims MOE expenditures				
for the fiscal year meet the State's criteria for "eligible families."				
Signature Signature				
Name Keith A. Baker				
<u>Title</u> Senior Public Service Administrator				
Date Submitted 07/27/2011				
Approved OMB No. 0970-0248 Form ACF-204, expires 04/30/2009.				

This page displays the attachments of the current submission of form and date received.

### Report Attachments

Attachment Type:	File Name:	Date Received:
Form Attachment	ACF ADMIN COSTS NOTE 11-30-10.DOC	11/30/2010

### Cell Attachments.

Cell Location:	File Name:	Date Received:
Attachment B Crisis Nursery 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):	THESE PROGRAMS WERE NOT PART OF AFDC IN 1995 11-30- 10.DOC	11/30/2010
Attachment B Medical Services 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):	THESE PROGRAMS WERE NOT PART OF AFDC IN 1995 11-30- 10.DOC	11/30/2010
Attachment B The Children's Place Contract 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):	THESE PROGRAMS WERE NOT PART OF AFDC IN 1995 11-30- 10.DOC	11/30/2010
Attachment B Youth Programs Through The State Board Of Education 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):	THESE PROGRAMS WERE NOT PART OF AFDC IN 1995 11-30- 10.DOC	11/30/2010
Attachment B Child Care 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):	THESE PROGRAMS WERE NOT PART OF AFDC IN 1995 11-30- 10.DOC	11/30/2010

This page displays the attachments of the current submission of form and date received.

#### ACF ADMIN COSTS NOTE11-30-10

The number of families served based on administrative costs is zero. The system will not accept this, and therefore we had to enter a number in order for the system to save and validate our report

Attachment B Crisis Nursery 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response in question 10 is No):

Child Care was not part of AFDC in 1995.

Youth Programs through the State Board of Education was not part of AFDC in 1995.

The Children's Place Contract did not exist in 1995

Medical Services was not part of AFDC in 1995.

The Crisis Nursery program did not exist in 1995.

Attachment B Medical Services 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response to question 10 is No):

Child Care was not part of AFDC in 1995.

Youth Programs through the State Board of Education was not part of AFDC in 1995.

The Children's Place Contract did not exist in 1995

Medical Services was not part of AFDC in 1995.

The Crisis Nursery program did not exist in 1995.

Attachment B The Children's Place Contract 11. **Total** Program Expenditures in FY 1995 (NOTE: Provide only if response to question 10 is No):

Child Care was not part of AFDC in 1995.

Youth Programs through the State Board of Education was not part of AFDC in 1995.

The Children's Place Contract did not exist in 1995

Medical Services was not part of AFDC in 1995.

The Crisis Nursery program did not exist in 1995.

Attachment B Youth Programs Through the State Board of Education 11. **Total** Program Expenditures in FY 1995 (NOTE: Provide only if response to question 10 is No):

Child Care was not part of AFDC in 1995.

Youth Programs through the State Board of Education was not part of AFDC in 1995.

The Children's Place Contract did not exist in 1995

Medical Services was not part of AFDC in 1995.

The Crisis Nursery program did not exist in 1995.

Attachment B Child Care 11. Total Program Expenditures in FY 1995 (NOTE: Provide only if response on question 10 is No):

Child Care was not part of AFDC in 1995.

Youth Programs through the State Board of Education was not part of AFDC in 1995.

The Children's Place Contract did not exist in 1995

Medical Services was not part of AFDC in 1995.

The Crisis Nursery program did not exist in 1995